



# NEWS



St. Michael's Hospital School of Nursing Alumnae  
TORONTO, CANADA



WINTER FAIRYLAND



# THE NEWS

Published quarterly by the Alumnae Association  
of the St. Michael's Hospital School of Nursing  
Toronto, Ontario

## ALUMNAE NEWS EXECUTIVE

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## ALUMNAE MEETING

The December meeting of the Alumnae Association of St. Michael's Hospital School of Nursing, was held in the Lecture Hall of the Nurses' Residence, on Dec. 11, 1951.

The minutes of the September meeting were read and approved.

Miss G. Donovan, gave the Treasurer's Report as follows:—

General Fund — \$ 1914.86  
Scholarship Fund — \$ 4464.14

The correspondence was read by Miss Lacroix.

A tentative report on the Bridge was given by Miss Veronica Murphy.

A letter was read concerning the Institute in Psychiatry, sponsored by the Ontario Catholic Hospital Association and to be held at St. Michael's Hospital. Sister de Sales spoke to this announcement.

Christmas Boxes were to be convened by Mrs. H. Martin. Miss D. Murphy volunteered to assist in this project.

Convener of Nominations for the March elections was accepted by Miss Swanbeck with Mrs. Comartin assisting. It was suggested that a form be sent members so that they could send in their nominations.

The Annual Spring Tea is to be held on the Saturday following Easter. Miss Quinlan volunteered to act as Convener. Mrs. M. Martin will assist her.

Miss V. Murphy suggested that money be advanced any future convener of a bridge, dance or tea to cover incurring expenses. Discussion followed this. It was decided to investigate the possibilities of this suggestion.

Father McGuire was the guest speaker and gave an interesting account of his School for Labour and Management.

# ALUMNAE BRIDGE AND FASHION SHOW

Our very successful Bridge and Fashion Show was held in the Concert Hall of the Royal York Hotel, on Saturday afternoon, November 24, 1951. Proceeds were in aid of the Scholarship Fund. Miss Veronica M. Murphy was Convener.

Much time was spent in the preparations by an active committee. Ticket Conveners were Mary Hughes, Grace Coyle, and Ethel Crocker. Conveners of Prizes were Mrs. Therese Rolston, Mrs. Fletcher and Miss Mary Brown. One hundred and fifty-four prizes were secured by this committee. Publicity Convener was Mrs. Doris McCormack. Conveners of the Cake Sale was Kathleen Meader, assisted by Mrs. Irene Dunbar and Laura McGurk. Participating in various committees were—Misses Genevieve Donovan, Helen Pinzhoffer, Anita Melvanin, B. Smythe and Gwendolyn.

The Fashion Show was the highlight of the afternoon. Mrs. Babs Brown was the commentator, Mrs. Edward Brooks, Mrs. Gerald McDonald, Mrs. Wm. McCartney, Misses Maureen Upper and Theresa Upper acted as stylists assisted by four Loretto Abbey students. Music was contributed by Rita Regan and Juanita O'Hearne. Flowers were donated by Helen Simpson, Florist. Gowns were by Sylvia Shawn, St. Clair and Yonge Sts., and Furs by Sacs Fur Shop.

Many nurses were present from out of town and the afternoon was both a social and financial success.

The prize winners for the Grand Draw were:

1. The 21 Jewel Bulova Watch—won by Mary Brown, Toronto.
2. Round Trip from Toronto to New York City—won by Miss Aileen Keefe, Brooklyn, N.Y.
3. Mantle Radio—won by Mrs. Aileen Costello, Saskatoon, Sask.

The proceeds were \$665.75.

The Convener wishes to express her thanks and appreciation to everyone who in any way contributed to the success of the Bridge and Fashion Show.



## GET WELL WISHES TO:—

Mrs. Edna Overend Foy who was hospitalized because of a car accident.

Mrs. Teresa Carroll Rolston who is recovering from a recent operation.

Eileen Spence '47, who has been in hospital lately.

Christine Walsh '50, a recent patient in hospital.

Velma Chapman '36, who underwent surgery recently.

Helen Kirkconnel '50, who has been in hospital.

Reva Helpert '50, recovering from a recent illness.

Catherine Mullin Duguid '04, who has been ill lately.

Margaret Simpson Ray '43, who was on the sick list.

Mrs. Mary Campbell who underwent surgery at the Pembroke General Hospital.



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## BIRTHS

At Fort Knox, on Nov. 6, 1951, to Capt. and Mrs. James P. Cour (Isabel Goodine '39), a daughter, "Colette Denise".

On Feb. 6, 1952, at St. Michael's Hospital, to Mr. and Mrs. Jim Killackey, (Louise Bart), a son.

At Hotel Dieu Hospital, Windsor, Ont., to Mr. and Mrs. T. Eansor, (Iola Scully '42), on Jan. 5, 1952, a daughter, "Johannah Mary".

To Mr. and Mrs. Robert Harrison (Marion Valiquette '36), a son, on Feb. 7, 1952, at St. Michael's Hospital, Toronto.

At Dunellen, N.J., on Oct. 4, 1951, to Mr. and Mrs. C. Quinn (Margaret Corr '34), a son, Christopher.

Mr. and Mrs. Bernard Loeppky (Lillian Hodges '43), announce the birth of their son, "Paul Allan", at Abbotsford General Hospital, Abbotsford, B.C., on Oct. 25, 1951. A brother for Margaret Lynne.

On Jan. 3, 1952, at St. Michael's Hospital, to Mr. and Mrs. M. Robert Burroughs (Kay McAuley), a son.

At St. Michael's Hospital, Toronto, on July 24, 1951, to Mr. and Mrs. Elio Rosati (Dolores Ginestre '46), a daughter.

On Dec. 14, 1951, to Mr. and Mrs. J. Snell (Jean Parkin), a daughter, "Patricia", at St. Michael's Hospital, Toronto.

To Mr. and Mrs. Patrick Doyle (Doris Mihm '40), at St. Michael's Hospital, Toronto, a daughter, on Oct. 29, 1951. A sister for Lynn, Kathryn and Lorraine.

On Dec. 5, 1951, at Sault Ste Marie, Ont., to Mr. and Mrs. Albert Boniferro (Rita Greco '46), a son, "Stanley".



## T.T.C. STRIKE

Our out of town members will be interested to know that the City of Toronto weathered a 19 day street car and bus strike just following the holiday season. It had threatened for some time and the question uppermost was—just what will happen to the operation of the Hospital? It was amazing to see the co-operation that was shown by the staff members. Some stayed overnight in the Residence, others walked or arranged for drives and full staff was maintained. Just shows again that nurses can arise to any emergency.



## NEW ADDRESSES:—

Eleanor and Winnifred Cowan—150 Manor Rd. East.

Helen Hyland, 47, Riverview Heights Drive.

Irene Corrigan, 190 St. Clair Ave. E.



Marie VonderVoor is taking a post graduate course in Obstetrics at the Winnipeg General Hospital and is living in the residence. She writes that she is enjoying the course very much.

CALL

# Silverwood's

588 Dupont St.

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DR. HAROLD GROVER ARMSTRONG

Dr. Harold Grover Armstrong died of a heart condition in St. Michael's Hospital, on Dec. 8, 1951, at the age of fifty-six. He was born in Brussels, Ont., and educated in the schools of his own home town. In the fourth year of his medical course, he entered the Royal Navy as Surgeon Sub-Lieutenant and served for four years. He graduated M.B., University of Toronto, in 1920 and began his practice in the Fairbanks district of Toronto. He was ambitious to improve his training and began postgraduate study in England. The regulation of the Royal College of Surgeons requiring five years of study or practice after graduating prevented him from being admitted to examination at that time so he returned to Toronto. In due time he went back to England and worked in St. Bartholomew's Hospital. In 1927 he was successful in obtaining the Fellowship in the Royal College of Surgeons of Edinburgh and in the Royal College of Surgeons,



IN  
MEMORIAM

England. Later he was admitted a Fellow of the American College of Surgeons.

In 1927 Dr. Armstrong was appointed to the staff of St. Michael's Hospital and to the teaching staff of the Faculty of Medicine, University of Toronto. His abilities in both of these appointments was soon manifest. He was a good teacher and displayed both judgment and skill as a surgeon. He was particularly expert in surgery of the thyroid gland.

The Alumnae Association extends their sympathy to his widow, the former Clare Parker, and his two children, David and Gail. A son, Eugene, predeceased him, and his loss was a severe blow to the family.

WE EXTEND OUR SYMPATHY TO:—

Rita Lortie Culnan '41, and Anna Lortie '48, in the recent loss of their mother.

Carmel Patterson Garry '34, on the loss of her mother.

Helen McNamara Cook '34, on the loss of her mother.

Anita McInnis Roche '21, on the loss of her sister.

Aline Le Blanc Hyland '31, in the loss of her mother.

Mary Kirkland '51, in the loss of her mother.

Velma Burbidge '24, in the loss of her mother.

Rev. Sister St. Nilus in the loss of her mother.

Josephine DeWitt, on the loss of her father.

Ann Menton, on the loss of her second sister in a few months.

Mrs. Clare Kelly LaBine, on the loss of her father.

Mrs. Nita McInnis Roche, on the death of her sister.



## THE BLOOD GROUPS

### Part I

Dr. Gordon Hawks

The history of blood transfusion is an interesting story. The first transfusion in human beings was performed in France in 1667 when nine ounces of blood from a lamb was transferred into the vein of a young man. This transfusion was by chance successful. However, it was not long before people discovered that humans could not be transfused with animal blood and the occurrence of numerous deaths due to this procedure brought about an edict of Parliament banning such practice.

It was not until 150 years later that surgical technique had progressed sufficiently so that blood could be transfused directly from human to human. This procedure was still fraught with innumerable dangers and was not generally practised until 1900 when Landsteiner demonstrated that all human bloods could be divided into 4 different groups—and an individual could receive only blood of the same group as his own. The next step was to obtain some non-toxic material to mix with the blood to keep it fluid. In 1915 sodium citrate as an anticoagulant in blood transfusions came into use and during the first world war blood transfusions became popular on a large scale.

Since that time an additional antigen, the Rh factor, has been discovered. The improvement of the technique of taking and storing blood for several weeks has made possible the setting up of blood banks in hospitals so that now a supply of blood is always available on very short notice. The use of blood for transfusion reached a high point during world war II when, for example, a third of a million transfusions were given to the American troops wounded in Europe alone. About half of this amount was flown from the Continental United States.

Since the last war the number of hospital transfusions has been steadily increasing year by year. Consequently the nurse today is coming in contact with the procedure much more frequently and it is important that she be familiar with more than the bare physical technique concerned.

She should have a clear understanding of the theory of blood grouping and know why she has to wait one half to three quarters of an hour for the blood. She should know how to handle correctly the bottle of blood that is entrusted to her. And lastly, she should be familiar with the normal and abnormal signs and symptoms of a patient receiving a transfusion.

With these thoughts in mind, an attempt will be made in the short space available to cover the essential facts of the theory of blood grouping, Rh typing and the procedure of blood transfusion as it concerns the nurse.

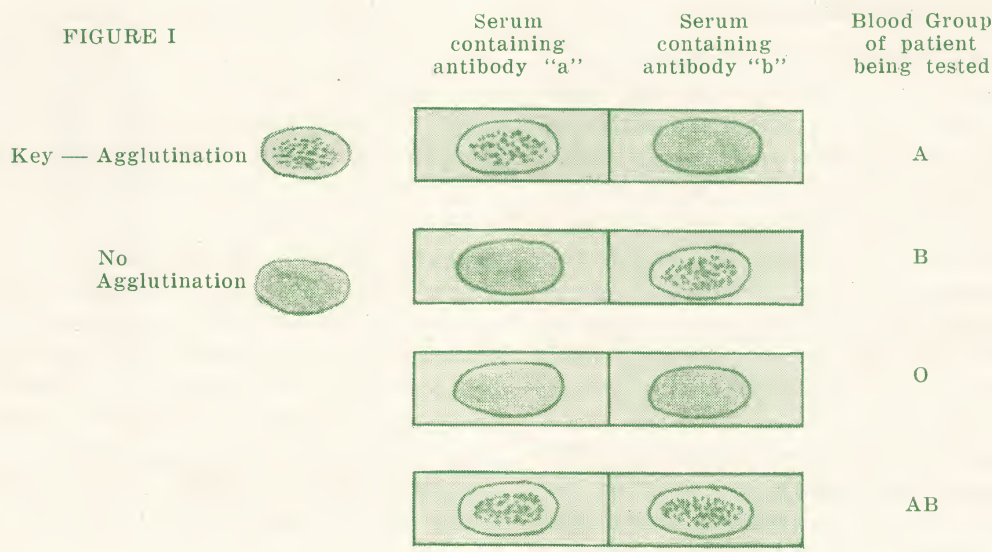
### The Four Blood Groups

Today we no longer speak of blood types, we refer to blood groups of which there are four. The blood groups were discovered by Landsteiner in 1900 and are known as O, A, B, and AB. The letters A and B are simply symbols used to designate a particular antigen which may or may not be present in the human red blood cells. It is perhaps advisable here to define an antigen. An antigen is a substance, usually protein in nature, which on introduction into an individual will cause the body cells of that individual to produce a substance known as an antibody, which will react specifically with the substance or antigen injected. In our particular case we have two antigens, A and B which may be present in the red blood cells and two corresponding antibodies designated as antibody "a" and antibody "b" which may be present in the serum portion of the blood.

### Technique of Blood Grouping

When antibody and antigen combine they do so in some observable way. In our case when red blood cells containing antigen A are mixed with serum containing antibody "a" the red cells are caused to clump together. This phenomenon is called agglutination. We can do this on a glass slide in the laboratory and it is the method we use in finding out to what blood group a person belongs. In actual practice we have two types of sera—one containing only antibody "a" and the other containing only antibody "b". We mix a suspension of an individual's red blood cells with a few drops of each of the sera separately on a glass slide and watch for the presence or absence of agglutination.

FIGURE I



For example, if we find that only the serum containing antibody "a" agglutinates the red cells and the serum containing antibody "b" does not, then we know that these particular red cells must contain antigen A which reacted with the antibody "a" in the serum to give agglutination. So this individual would belong to group A. If we had agglutination only by the antibody "b" serum, the person would belong to group B; if both sera caused the cells to clump, both antigens would have to be present and the individual would belong to group AB; and finally if neither sera agglutinated the red cells then that would mean that neither antigen A or B was present in those cells and therefore the individual would belong to group O. This is further illustrated in figure I.

By referring to the table you will see that when a person has neither antigen A or B in his red blood cells he belongs to group O. This is the most common group. When he has antigen A in his red cells he belongs to group A, when he has antigen B in his red cells he belongs to group B and if he has both antigen A and B in his red cells he belongs to group AB. This is the rarest group.

Blood Group	Antigen	Antibody	Occurrence %
O	none	a and b	45
A	A	b	41
B	B	a	10
AB	A and B	none	4

Again with reference to the table, you will see that a person who belongs to group O has both antibodies "a" and "b" in his serum. These antibodies are called naturally occurring antibodies because they are present in the individual's serum from birth. It should be obvious that these antibodies have no effect on the individual's own red blood cells because he belongs to group O, and therefore has neither antigen A or B in his red blood cells. Because these individuals have neither antigen A or B in their red cells it is possible to give their blood to an individual belonging to any other group without having agglutination occur. For this reason group O is known as the universal donor.

The individual who belongs to group A has only the naturally occurring antibody "b" in his serum. It would be impossible for him to have antibody "a" in his serum for this antibody would react with the antigen A in the red cells and cause agglutination of these, his own cells, which is incompatible with life. For the remaining two blood groups the explanation is the same, group B individuals have only the naturally occurring antibody "a" in their serum while group AB individuals have neither antibody "a" or "b" in their serum. Group AB is known as the universal recipient because due to the lack of antibodies "a" and "b" in their serum, they will not agglutinate blood of any other group. Therefore it is relatively safe to transfuse these individuals with blood from a donor belonging to any other group.

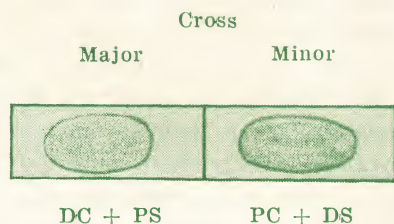


### Cross Matching

Prior to a transfusion it is not enough to simply group the patient and pick out a suitable donor of the same group. As an added precaution we actually mix the different constituents of the donor's and patient's blood on a glass slide to make sure that no agglutination occurs. This is called the cross matching test. To do this it is necessary to separate the red cells from the serum of both the donor and patient's blood. When we have done this, we take a drop of the patient's serum and mix it on a glass slide with a drop of the donor's cells. This is called the Major Cross. This is the most important cross because it is the agglutination of the donor's red cells by the antibodies present in the patient's serum that causes the so-called hemolytic transfusion reaction which in most cases ends fatally for the patient.

The Minor Cross consists of a drop of the patient's red cells mixed with a drop of the serum on a glass slide. We do not often worry about the effect of the antibodies in the donor's serum which we are putting into the patient's circulation because these antibodies are immediately diluted by the patient's own serum. This slight dilution renders them too weak to cause any agglutination of the patient's own red blood cells. Once these cross-match tests have been set up, they must be agitated continually for one half hour. At the end of this time they are examined for agglutination of the red cells with the aid of a microscope. A compatible cross-matching test is illustrated in figure II.

FIGURE II



Key:—

- DC — Donor's cells
- PS — Patient's serum
- PC — Patient's cells
- DS — Donor's serum

### Serological Test for Syphilis

One further precaution is taken before the donor's blood is handed out for the patient. We want to make sure that the blood we have grouped and cross-matched has not been taken from a donor who has Syphilis. This is done by using a rapid serological screening test such as the Laughlen Test. We simply mix a drop of the donor's serum which has been previously heated to 56°C for one half hour to a drop of a particular antigen called Laughlen antigen on a glass slide and agitate the slide for ten minutes. If the donor has Syphilis, his serum will contain antibody which will cause agglutination of the Laughlen antigen particles. This will mean of course that we cannot use this blood for our patient.

We have now outlined the techniques of blood grouping, cross-matching and the Laughlen test. These tests are done routinely before any blood is given to the patient. For many years these were the only tests performed, but in spite of meticulous care an occasional unexplainable transfusion reaction would occur and the patient would die. Recently another antigen has been found in the human red blood cells and it is this antigen which was causing the previously unexplained reactions. This antigen is known as the Rh antigen or factor. The Rh antigen along with the proper handling of blood by the nurse and the signs and symptoms of transfusion reaction will be considered in part II of this article which will follow in a later issue.

TRY

# Borden's Milk

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BOEHLER-HILL—At Blessed Sacrament Church, Toronto, on Dec. 29, 1951, Bernadette Hill '48, to Ralph Michael Boehler.

COX-GRIFFIN—At St. Joseph's Church, Oxford, N.Y., Mary Ann Griffin '44, to Grover Cox.

KROETSCH-CULLITON—On Sept. 29, 1951, at St. Mary's Church, Kitchener, Ont., Betty Culliton '49, to Jerome Kroetsch.

CUDAHY-HANNAN—In St. Columkill's Church, Uptergrove, Ont., on Nov. 3, 1951, Margaret Hannan '50, to Basil Cudahy.

JACKSON-SPENCER—On Dec. 15, 1951, at Hamilton, Ont., Lottie Spencer '50, to Ervin Jackson.

LAURIN-TRUKEN—On Jan. 19, 1952, in Newman Chapel, Toronto, Anne Trukan '51, to Philippe Laurin.

ANDERSON-BENNINGER—On November 22, 1951, Alberta Benninger '46, to Verner Anderson.

BROAD-MILLARD—At Phoenix, Arizona, Joan Millard '46, to Roger Broad, on November 17, 1951.



NEW CAFETERIA

# **ANNUAL ELECTION OF OFFICERS**

## **AT THE**

# **MARCH MEETING**



**TUESDAY, MARCH 12, 1952, 8 P.M.**

**NURSES' RESIDENCE**





CHRISTMAS STAFF DINNER



# CHRISTMAS FESTIVITIES

The Christmas Season at St. Michael's was ushered in by the series of individual dinners given by the Sisters for the medical staff, the graduate and clerical staff, the general help and the student body.

Midnight Mass was held in the chapel and on Christmas morning the student nurses sang carols throughout the hospital. Later in the day the members of the St. Vincent de Paul Society visited the patients leaving small gifts.

The student nurses enjoyed the three days holiday given them throughout the holiday season.



The Hospital was decorated seasonally with Christmas trees throughout and the many Christmas scenes on each floor. The beautiful crib was again present in the foyer of the hospital and in the main hall of the nurses' residence.

## CAPPING CEREMONY

The capping of the preliminary students took place on Sunday afternoon, at 2 p.m., January 13, in St. Michael's Cathedral. The speaker for the occasion was Rev. John Fullerton. Rev. J. Brennan, Chaplain, was present. Music was by Msgr. Ronan's choir.



# EATON'S

## "CLINIC" SHOES FOR WOMEN IN WHITE

It was to suit the specific needs of nurses that "THE CLINIC SHOE" was designed . . . combining firm, lasting arch supports, flexible leather uppers, and Goodyear welted soles for solid comfort!



A—No. 404—White kid military heel. "Napline" soles. Sizes 4½ to 10, widths AAAA to C in the group. Pair .. **13.95**



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### THE CLINIC SHOE

Available in these Eaton Stores: Toronto, Main Store and, Eaton's-College Street; Hamilton, Montreal and Winnipeg.

Mrs. Rita Healtherman Walsh, her husband and family spent the first Christmas in twenty-three years in town with her family.

Sally McDonald is now living in New York City.

Mrs. Margaret Young Conlin has moved to Lansing, Ont.

Mae Brennan was a visitor to Detroit and Chicago recently.

Mrs. Mary Stanton Thomas was a visitor to Toronto over the holiday season.

Sister Jeanette, Superior of St. Joseph's Hospital, Winnipeg, was a recent visitor to Toronto.

Ruth McGlashan '46, is now Matron of the Neudorf, Sask., Hospital.

Charlotte Bolt is now at Shilo Military Hospital, Shilo, Manitoba.

Mary Flynn '46, is in charge of the nursery at Columbia Hospital, Washington, D.C.



Phyliss Hallworth has joined the staff of the Bell Telephone Company.

Ruth Robertson '43, has joined the Air Force.